

**CHILD FATALITY/NEAR FATALITY
COUNTY STATEMENT OF FINDINGS AND INFORMATION****INSTRUCTIONS:**

For child fatality suspected to be as a result of abuse or neglect, complete part A and submit to the California Department of Social Services (CDSS) within 5 business days of learning of incident. Upon final determination of investigation of child fatality, complete parts A and B and *send update to the CDSS within 10 business days of notification of final determination from investigating agency.*

For child near fatality determined to be as a result of abuse or neglect, complete parts A and C and submit to the CDSS within 10 business days of notification of final determination from investigating agency.

PART A - ALWAYS COMPLETE THIS INFORMATION FOR CDSS SUBMISSION.

☐ Original Notification
Date form completed _____

☐ Updated Notification
Date form updated _____

Note: Redact information in this box prior to the public release of this document.

COUNTY WHERE INCIDENT OCCURRED:

CWS/CMS 19 DIGIT REFERRAL # OF CHILD VICTIM:

COUNTY CONTACT AND PHONE NUMBER (INDIVIDUAL THAT CDSS WOULD CONTACT FOR ADDITIONAL INFORMATION):

CHILD'S AGE

CHILD'S GENDER:

☐ MALE ☐ FEMALE

DATE OF FATALITY/NEAR FATALITY (IF KNOWN):

RESIDENCE OF THE CHILD AT THE TIME OF THE FATALITY/NEAR FATALITY:

☐ Home of parent/legal guardian ☐ Foster Care/Out-of-Home Care

INVESTIGATION CONDUCTED BY:

☐ Law Enforcement ☐ CWS/Probation

PART B - CHILD FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

DETERMINATION MADE BY:

☐ Coroner/Medical Examiner ☐ Law Enforcement ☐ CWS/Probation

☐ Fatality **NOT** a result of child abuse/neglect. **IF CHECKED, STOP HERE**

☐ Fatality as a result of Abuse or Neglect

FINDING OF CHILD FATALITY DUE TO (CHECK ALL THAT APPLY):

☐ Crime ☐ Suicide
☐ Non-Accidental ☐ Undetermined ☐ Other _____

PART C - CHILD NEAR FATALITY FINDINGS DETERMINED TO BE A RESULT OF ABUSE/NEGLECT

DETERMINATION MADE BY:

☐ Physician ☐ Law Enforcement ☐ CWS/Probation

DO NOT INCLUDE A NARRATIVE; CHECK THE APPROPRIATE BOXES ABOVE

**Please fax this form to: Children's Services Operations Bureau,
Attention: Bureau Chief at (916) 651-8144.**